				$\overline{}$
Please type a	pius sign	(+) inside this box	\rightarrow	 +

required)

Filing

PTO S6 31 10000
Approved for use inrough 10/31 2562 DMB 3651-00000
U.S. Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

17508 USA Attorney Docket Number **DECLARATION FOR UTILITY OR** Brecheisen, William W. First Named Inventor **DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Filing Date XX Declaration ☐ Declaration Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial

Examiner Name

As a below named inventor, I he	arehy declare that:						
My residence, mailing address, ar	nd citizenship are as sta	ited below next to my na	ime.				
I believe I am the original, first and names are listed below) of the sul	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
LIQUID DISPENSING	PACKAGE AND M	ETHOD OF MANU	FACTURE				
	(Title of the Invention)					
the specification of which				· · · · · · · · · · · · · · · · · · ·			
XX is attached hereto							
OR was filed on (MM/DD/YYYY)		as United S	States Application	Number or PCT International			
·				(if applicable).			
Application Number	and was a	mended on (MM/DD/YY	m				
I hereby state that I have reviewe amended by any amendment spe	d and understand the cifically referred to abo	ontents of the above ide	intified specification	n, including the claims, as			
I acknowledge the duty to disclosi in-part applications, material infor PCT international filing date of the	mation which became a	ivaliable between the filli	s defined in 37 CF ng date of the prio	FR 1.56, including for continuation- or application and the national or			
certificate, or 365(a) of any PCT America, listed below and have	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application . Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
		,					
I							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date	• (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.			
		1					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

17508 USA
Approved for use through 13 31 2012 DMB LAST.

U.S. Patent and Trademark Office U.S. DEPARTMENT OF DEVICE A
tild to a collection of information process. I contains a new 1773

DECLARATION — Utility or Design Patent Application					
Direct all correspondence to: Customer N or Bar Code		OR X	Correspondence address below		
Name Nirav D. Parikh					
Address Owens-Illinois, Inc.					
Address One SeaGate, 25-LDP					
city Toledo	,	State OH	ZIP 43666		
Country USA	Telephone 419-2	247-8707	419-247-8555 Fax		
I hereby declare that all statements made herein of are believed to be true; and further that these stat made are punishable by fine or imprisonment, or b validity of the application or any patent issued there	ements were made wi oth, under 18 U.S.C. 1	th the knowledge that willf	ul faise statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :		A petition has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any]) William W. Family Name or Surmame Brecheisen					
inventor's Signature William W. Duchen Date 1/30/01					
Residence: City Findlay	State O	H Country USA	Citizenship USA		
Mailing Address 1412 Forest Pa	ark				
Malling Address					
city Findlay State	OH	ZIP 45840	Country USA		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name John W. (first and middle [if any])		Family Name Safi	an		
Inventor's Signature Date 1-25-01					
Residence: City Maumee	Starte O	H Country USA	Citizenship USA		
Mailing Address 1712 Christopher Lane					
Mailing Address					
City Maumee State	OH ;	ZIP 43537	Country USA		

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

 \square Additional inventors are being named on the

Please ty	pe a	olus	sian	(+)	inside this box	 $\overline{+}$
		P.40	4.3.,	١.,	1110100 0110 0011	

PTO.SB 81 17-31 Approved for use through 10/31,2002 OMB 3651-335

U.S Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		•
Filing Date		_
First Named Inventor	Brecheisen, William W.	
Group Art Unit		_
Examiner Name		-
Attorney Docket Number	17508 USA	_

		·		
I hereby appoint				
OR	s at Customer Number	Place Customer Number Bar Code Label here		
X Practitioner	s) named below:			
<u> </u>	Name	Registration Number		
	pal Attorney: Niray D. Parik			
Assoc	late Attorney: R. C. Collins	27,430		
		··		
	r(s) or agent(s) to prosecute the application ited States Patent and Trademark Office co			
	correspondence address for the above-ider ntioned Customer Number.	antified application to:		
Firm or Individual Name				
Address				
Address				
City	·	State Zip		
Country				
Telephone	· · · · · · · · · · · · · · · · · · ·	Fax		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name William W. Brecheisen				
Signature William W. Bulker				
Date //38/0/				
NOTE: Signatures of all the forms if more than one signal	inventors or assignees of record of the entire interest iture is required, see below.	st or their representative(s) are required. Submit multiple		
Total of 2	forms are submitted.			

Please type	a plus sign (+)	inside this box	▶[+

PTO 58 81 11.11

Approved for use through 10/31/2002, OMB 3651/3033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Brecheisen,	William W.
Group Art Unit		
Examiner Name		
Attorney Docket Number	17508 USA	

I hereby appoint:	. [
Practitioners at Customer Number OR Practitioner(s) named below:	Place Customer Number Bar Code Label here			
Name	Registration Number			
Principal Attorney: Nirav D. Parikh	46,394			
Associate Attorney: R. C. Collins	27,430			
				
as my/our attorney(s) or agent(s) to prosecute the application idea business in the United States Patent and Trademark Office connections.				
Please change the correspondence address for the above-identified. The above-mentioned Customer Number. OR	ed application to:			
Firm or Individual Name				
Address				
Address				
City	te Zip			
Country				
Telephone Fax				
am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name John W. Safian				
Signature Doly W. Safrain				
Date 1-25-01				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
CX *T tal of forms are submitted.				